

If any lesson can be learned from the last 2 and a half years (and a global pandemic) it is that a vital Public Health System is necessary to ensure the overall health of our community and is essential for the support of the larger healthcare system as whole. Nowhere has this been more evident than in rural communities in Oregon. COVID painfully highlighted existing limitations and barriers to health and healthcare that rural communities could no longer ignore or create workarounds as the system became overrun. Limitations in infrastructure, access, resources, and staffing made a consistent and sustained response to the demands of COVID impossible. As a result, a healthcare system that was drowning in COVID was not able to address the already existing health inequities that continued to grow as rapidly as the local COVID cases. It was obvious that something needed to change and that an entire overhaul of the system was in order.

In Oregon, that overhaul is coming in the form of Public Health Modernization. Originally starting in 2016, Public Health Modernization seeks to ensure that regardless of where you live in the state, your local public health agency will be able to provide a bare minimum of services plus the services that are most needed locally. A huge undertaking, the original rollout was woefully underfunded and allowed only a small number of selected programs to be funded to work towards a systemwide change. However, as with most local services, the programs were successful and demonstrated that additional funding would have additional positive health outcomes at the local and regional level. The Central Oregon partnership between Crook, Deschutes, and Jefferson County became a model that could be expanded and replicated across the state.

With legislative changes and increased funding, Oregon Public Health is moving a step closer to the original vision of an equal Public Health System across the state. Finally, flexible dollars could be used at the local level to support local needs. A competitive grant process wasn't forcing local public health agencies to fight with their neighbors for dollars and program support. Creative local projects could be highlighted and modified to increase the effectiveness in other communities. The traditional work that local public health excels at (improving health outcomes, building and sustaining partnerships, working within governmental structures, and working directly with local community members) is given the opportunity to grow and thrive. For a public health workforce worked to near exhaustion over the last 2 and half years, the ability to get back to traditional services brings a new level of excitement that is palpable through our community.

In Jefferson County, we are excited to work on Modernization and help with the local health needs of our community. Locally, the majority of the new funding will be utilized to keep staffing levels stable. As so much funding of staff is tied to specific grants or specific deliverables, flexible dollars allow us to keep all existing staff members and have them focus on their programs locally. Modernization funding also allowed for the

creation of a new position called the Health Equity and Education Specialist. This position will work across all programs to ensure we are meeting the needs and connecting with members of our community. The funding will allow for the expansion of responsibilities for our communicable disease response and look at obtaining additional data and build internal reports. Additionally, for the first time in Jefferson County, we will also have the funding necessary to support all staff with additional training and professional development. Workforce development, leadership, and overcoming trauma (both for staff and for staff to apply with clients) are all training opportunities included in the new budget. A portion of our workforce development budget will focus on recruiting new staff members directly from the local community. We will now be able to fund the formation of a Youth Advisory Council to work in all local schools, build additional partnerships with Central Oregon Community College for public health graduates and Community Health Workers, as well as offer part-time opportunities for clinical support. In addition to providing direct services to clients, this funding allows for improving the administrative and management work required in Public Health. A new performance/data management system, Public Health Accreditation work, and working with a consultant to maximize our administrative output have all been budgeted with this new funding.

However, as with most things in life, uncertainty remains. How long will funding continue? What happens if goals and objectives are not met? What if no one applies for these new positions? How do we sustain progress made today? What happens if another pandemic or something sets us even further back? Not to mention politics! Jefferson County Public Health staff recognize that we have a lot of work ahead of us. However, the last 2 and a half years have shown us that we are an essential part of the healthcare system locally and that our success will show in our community by drastically improving the health of our residents and our community.